V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County of Mary	Registration Dist. No.
Village or City Dsillors mean Ber	resoveau Store St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town share deeth occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Off sed ognation	MANORA
(a) Residence: No. / I / Intons / That	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
OR DAVORCED (white the word)	21. DATE OF DEATH flor
max black lingle	(Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of MO	22. I HEREBY CERTIFY, Thet I ettended deceesed from
(or) wire of	Mor 31, 1934, 10 Hov 31 1934
6. DATE OF BIRTH (month, dey, end yeer) Hor 3/- /934	I last saw h m Con Deor 31 1954; deeth is seld
7. AGE Yeers Months Days If LESS' than	to have occurred on the date stated above, Rev Colony & to & mould
Premature bista / montor min.	The PRINCIPAL CAUSE OF DEATH end feleted causes of Importence
9 Trade profession or particular	Dyskyling I do not know
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	perobably inhesited
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation (month and	and Agent of
SAW MILL, BANK, etc	The Child died in The
this occupation (month and year) this occupation (month and year) occupation occupation	uterus about 2 /2 to 8 mouths
25 Harris Co	Dither Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	er mas gray maresaled
The state of the s	JRINT, flesh Reeling to Jome
E Bitte mal	Event .
4 14. BIRTHPLACE (city or town) Allows (Stete or country)	Neme of operation MO Date of Consumer of the C
	Whet test confirmed diegnosis? August the Was there en autopsy? ?
H Section 1	23. If death wes due to externel ceuses (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Leones Chown / MC	Accident, suicide, or homicide?
San S	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT COMPANY SUPPLY SET OF S	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place at his home Date Mor 3/, 1934	Nature of Injury
Garain LLRh	
19. UNDERTAKER (Address)	24. Wes disease or injury in eny way related to occupation of deceased?
Nes 5 04 Det Camplin	(Signed) Brown C M. D.
20. FILED Registrar.	(Address) Leonardton Md.
	7

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRALIN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

11554

1. PLACE OF DEATH		82-a		
County St Merry			Registration Di	st. No. 250
Village or City Secolul	le	No		St.,War
Length of residence in city or town where death occurr		f death occurred in a hospital or in sds. How long in U.S.		
2. FULL NAME CHILLIS	Realle.			
(a) Residence: No.	ehrelee al place of abode)	St., Ward.	If nonresident gi	ve city of town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL	CERTIFICATE	
	E, MARRIED, WIDOWED, VORCED (swrite the word)	21. DATE OF DEAT	H) (Month)	(Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Colgan Bu	lles	22. 1 HERE		That I attended decassed from 19
6. DATE OF BIRTH (month, day, and year)		I last saw h. Atine on	vor alla	el goath is sai
7. AGE Years Months Da	If LESS than I day,hrs. ormin.	The PRINCIPAL CAUSE OF D	EATH and related causes	of importance Cu
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and	unsi,	fles he	12, 0.4	ine of
work was dona, as SILK MILL, SAW MILL, BANK, etc.	**************************************	aevon	wrran	year roje,
10. Date decaased last worked at this occupation (month and year)	Total time (yaars) spant In this occupation			
12. BIRTHPLACE (city or town) Simple (State or country)	S Cu:	Other Contributory Causes of	importance:	
1 1			,	
14. BIRTHPLACE (city or town) & COLLY (Stata or country)	wor			Data of
	-/>-			Was there an autopsy?
15. MAIDEN NAME Saur 12n 16. BIRTHPLACE (city or town)	12nas	23. If daath was dua to externa Accident, suicide, or homicide		n also the rollowing: te of injury, 19,
17. INFORMANT Training (Address)		Where did injury occur? Spacify whether injury occurre	(Specify city or to ed in INDUSTRY, In HOMI	wn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2007/2 1934	Manner of injury		
19. UNDERTAKER (Address)	volument of the	24. Was disaase or injury in a		on of deceased?
20. FILED DUTO 12, 19 24 A	Off Registrar.	(Signad)(Address)	1. Ville	et mil.
If more blanks are n	eeded, address State Registrar,	2411 N. Charles Street, Baltimore	, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
ALIANAK V. A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

S. No. 1

8

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEGELVEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PERSONAL PROPERTY OF THE PROPE	July 5, 1927	Peritonitis	3 days ago
	Street V y			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THES IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFICA	TE	OF	DEATH
----------	-------	------	-----------	----	----	-------

1. PLACE OF DEATH	MARILAND	——— ®
County St. Marys		Registration Dist. No. 280
Village or City Rudgel Length of residence in city or town where death	occurred yrs. A mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
, Oli	Illom Jan	• / 1
2. FULL NAME	aron jan	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Month) (Per) (Year)
5e. If married, widowed, or divorced HUSBAND of	- 1-0	(1007)
HUSBAND of (or) WIFE of	once	22. I HEREBY CERTIFY, Thet I attended dacassed from
6. DATE OF BIRTH (month, day, end year)	ember 12,1934	
7. AGE Yaars Months	Days If LESS than / I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	one	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at		
10. Date deceased last worked at this occupetion (month and year)	11. Total time (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Cid	ge md.	Other Contributory Causes of Importance:
II 13. NAME alexander	Janisen	
13. NAME (llfander) 14. BIRTHPLACE (city or town) (State or country)	lage md.	Name of operation Deta of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sophia	Barnes	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sophia 16. BIRTHPLACE (city or town) (State or country)	dge md.	Accident, suicide, or homicide?
17. INFORMANT(Address)		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Pulsa G	69 hore 1934	Manner of Injury
19. UNDERTAKER (Address)	7 Man	24. Was disease or injury in any way related to occupation of decaased?
20. FILED , 19 N. /	Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address) (Address)
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

tull

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance: Gallstones ADDITIONAL SPACE F	May 1,1923	Other contributory causes of importance: Gastroenteritis OR 871 ER STATEMENTS BY PHYSICIAN	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	75 505
County St. MANYS	Registration Dist. No.
Village or City / / VV / Jan 1949	NoSt.,Ward
Length of residence in only or town where death occurred 2 vrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Glorge Mareland	belsaum
(a) Residence; No. ///////////////////////////////////	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MV. 27 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) UN. 24-1471	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
(2) 1 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusos of importance ware as follows:
Trade profession or necticular	Date of enset
kind of work dona, as SPINNER, TUMMOV SAWYER, BOOKKEEPER, etc.	Weate allowalism miss
Kind of work dona, as SPINNER, HOWNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and a spent in this cycle).	
SAW MILL, BANK, etc	Housed Olean on relat
0. Date decessed last worked at this occupation (month and the year) spant in this year)	
mananna al	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country),	4
13. NAME CLIEN / MOMAN SHINGS	
14. BIRTHPLACE (city or town) MANAGEMENT (State or country)	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / MAY LAKEAN WARRAMA	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME / LANGE / WAR STATE OF COUNTY 16. BIRTHPLACE (city or town) MANUSCANON City or country City or country Manuscript City or country City or countr	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT WANTED STATE OF THE STATE OF T	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) ///www.am.al -	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date M	Natura of injury
19. UNDERTAKER CALMENT V. FALLEY (Address) TO CALLEY AND AND COLOR	24. Was disease or Injury in eny way related to occupation of decaasad?
20, FILED M. 27, 1934 R. D. July N. Registrar.	(Signed) A A MAYON A LUM M. D. (Addrass) WAYON ON O
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Ballimore, Requesting U.S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitud nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago SHIDERAN Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT R	stated EXACTLY.	properly classified. Ex	certificate.
RGIN RESERVED FOR BINDING	TH UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	100N is very important. See instructions on back of certificate.
•	WRITE PLAINLY, WIT	nation should be carefull	AUSE OF DEATH in pl	TON is yery important.

				OF MA	IRY	LAND-	CERTIFICATE OF DEATH	557		
	1. PLACE O				-		(59)			
4							Registration Dist. No. 287			
							No. St., death occurred in a hospital or institution, give its NAME instead of street and an 1 ds. How long In U.S. if of foreign birth? yrs, mos			
							yrsyrsyrsyrs	03.		
	2. FULL NA	ME	Chartes	rimer .	Pric	e, Jr.				
	(a) Residen	ce: No		(Ulana)	place of	-h-d-)	St., Ward. If nonresident give city or town and S			
40000	PERSON	IAI AN	ID STATIST		-		MEDICAL CERTIFICATE OF DEATH	Hate		
3.	SEX		R OR RACE	5. SINGLE,	MARRI	ED, WIDOWED,	21. DATE OF DEATH	100 A		
-	male	bla		sin	gla		Nov (Month) (Dey)	(Yeer)		
58	. If married, widow HUSBAND of (or) WIFE of	red, or div	orced				22. I HEREBY CERTIFY, Thet I attended d Nov. 14 ,1934 ,10 Nov. 14	eceesed from		
6.	DATE OF BIRTH	(month, da	y, and year) N	ov. 14	. 19	34	I lest sew h1m alive onNOV - 14	death is sald		
7.			If LESS then	to have occurred on the date stated above, at3m.						
		-				1 dey,6 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	D		
OCCUPATION	8. Trede, profession, or perticular					Premature birth (6 mos)	Date of onset			
	SAWYER	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE								
	9. Industry or work we	s done, es	SILK MILL,							
ទ	10. Date decees	L, BANK,	etc	1 11 7	otel tim	e (yeers)				
Ŏ	this occu	petion (mo	nth end		spant	in this				
			Deemee	- Ma			Other Contributory Causes of importance:			
12	. BIRTHPLACE (ci		rearso	H, Mad						
œ	13. NAME C	Elr	ner Price							
FATHER			0-	liforn	10	5M	N			
FA	14. BIRTHPLACE		own)	<u> </u>	149	mu.	Neme of operation Dete of What test confirmed diagnosis? Was there an autop			
ER	15. MAIDEN NA	ME Ber	nice C.	Sommer	vill	е				
MOTHER	16. BIRTHPLACE	(city or t	own)				23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?			
17. INFORMANT Bernice C. Price							Where did injury occur?			
(Address) Pearson, Md.										
1			and the second second	Deta NO	v. 1	51934	Menner of injury			
-	110000	212011					Neture of mjury			
19	, UNDERTAKER (Address)		er Price				24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify			
28	, FILED NOY.						(Signed) Pf Dean	M. D.		
-					,	Registrar.	(Address) - Great mille, md			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. by principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, time other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: •	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسا		

V. S. No. 1

Exact

PLACE	OF	DEATH
County 5	+	Mays
		1 1

Filed 7 00 17 1923 4 Levin



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

	Registration Dist. No. 284
Village or City Muchamery. 2FULL NAME Joseph Franklai.	St.: Ward) St.: Ward) Rolne Ali stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1984 (Month) (Day) (Year)
6 DATE OF BIRTH 726, 26, 1853 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov 6 19\$4 to Nov 66 , 1928 4 that I last saw handlive on Nove 66 , 1928 4
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Ntate or country) St Mays Ce a Mod.	(Durstion) yrs. mos ff ds. Contributory Of Condary
10 NAME OF FATHER OF LIBERTHPLACE OF FATHER (State or country) Jerminy Jud'	(Signed) — (Durstion) — yrs — mos — ds. (Signed) — M. D. *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah. Azur Sheekar. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death
(Informant) Dus Que brece' (Address) Mech remesocile	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Fore a hers bewale. 120 - 19, 1934.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physicinu, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to e.ch and every person, irrespective of Iulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a ., etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation Form laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material Stationary fireman, etc. But in many single word or term on 6) Grocery,

Strtement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Linhtheria [avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Ezhaustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. American Medical Association.) as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by roilwoy train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic and consequences (e.g., sepais, Example: Measles (disease etc. The affection need volvular heart contributory not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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TION is very important. See instructions on back of certificate.

of OCCUPA-

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	134) 901
County SV. / VUVYS	Registration Dist. No.
Village or City MMYaWya	No. St., Ward
Length of rasidance in city or lowir where death accurred yesmos	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME WALL V. 19MASHU	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Yaar)
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of Charles & Pussell	22. I HEREBY CERTLEY, That Lattended daceasad from 1934, to MW. 13 1934
6. DATE OF BIRTH (month, day, and year) July 10 - 1952	I last saw halive on \\ \mathread \mathread \tau \tau \tau \tau \tau \tau \tau \tau
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at/m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, A MMC SAWYER, BOOKKEEPER, etc.	Preloner Parent
kind of work done, as SPINNER, Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and	
10. Date dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) St. ougues (State or country)	Other Contributory Causes of importance: PRIMUS Cullusty
II 13. NAME JUNIN JUNINGSIN	/
13. NAME J MANY JAMES 14. BIRTHPLACE (city or town) by May Wells (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SUSUM TONOM	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SUSJUM TWOM 16. BIRTHPLACE (city or town) SUMMONOWY (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) The VALUE OF THE PROPERTY OF THE PROPE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place DI WIAM Date MV. 15, 1934	Manner of Injury Natura of injury
19. UNDERTAKER (Address)	24. Was diseasa or injury in any way related to occupation of decaesed?
20. FILED M. 13, 1934 A.D. Jungan. Registrar.	(Signed) A STANDAY M. D. (Address) MVV (SWW) M. D.
If more blacks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. J.No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Evample I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF

2. FULL NAME (a) Residence:

5a. If marriad, widowed, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (mo

10. Date decaased I

12. BIRTHPLACE (city o (State or country

17. INFORMANT

(Address)

Place.

3. SEX

7. AGE

OCCUPATION

					4 . 5
STA	TF OF	MAR	YI AND-	CERTIFICATE OF DEATH	11560
	0.	1417 41 4	LAND		
County County	Klace	1		Registration Dist. No. 2	82
Village or City Lee	poe cik	eres	d	No.	Ward
Timeso or only			(If	If death occurred in a horpital or institution, give its NAME instead of street and	number)
Langth of residence in city or to	wn where death of	ccurred	yrstmos	sds. How long in U.S. if of foreign birth?yrs	mosds.
FULL NAME Les	mr. D	cri	las L	Hears.	
(a) Residence: No.	bely	(Usual place	of abode)	St., Ward. If nonresident give city or town at	nd State
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH	
X 4. COLOR OR			RIED, WIDOWED,	21. DATE OF DEATH	
24 600	0	R DIVORCE	(write the word)	nor. "	. 193 4
1 000	<			(Month) (Day)	(Year)
marriad, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	ے, د
TE OF BIRTH (month, day, and)	rear) Oc	6.6	134		L; death is said
E Years	Months	Days	If LESS than	to have occurred on the data stated above, at	
	/	5-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trada, profession, or particula kind of work dona, as SPI SAWYER, BOOKKEEPER, e	NNER.			Λ . Ο .	
9, Industry or business in which work was done, as SILK N SAW MILL, BANK, etc				Mous man caletis	
O Date decaased last worked at this occupation (month and year)		spei	me (years) nt in this upation		
fRTHPLACE (city or town)	N	P	some	Other Coatributory Causes of Importance:	
(State or country)	0				
13. NAME D.	hear	2	Contract of the last		
4. BIRTHPLACE (city or town)	mo			Name of operation Date of	
(State or country)	Water Kan Janes	2		What test confirmed diagnosis?	
Ú a	0.1	X a	- 11	Trilat tool committed diagnosis:	паворзупалала

FATHER 13. NAME 14. BIRTHPLACE (ci (State or co MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20. FILED.

23. If death was due to external causes (VIOLENCE) fill In also the following:

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury 24. Was disease or injury in any way related to occupation of

If so, spacify (Signad)

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
OF SURTH			
	1915 1921 July 5, 1927 May 1, 1923 OBJURTH	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: Gastroenteritis ORGUNTHER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1
County St. MARYS	Registration Dist. No. 283
Village or City LI EONARDTOWN, Md.	NoSTNARYS Hospital Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME Instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME DAYIDE VAN	VERT
(a) Residence: No. MADDOX (Viuil place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a, If married, widowed, or divorced	21. DATE OF DEATH /5 /5 /193 // (Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) JANUARY 31, 1900	
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1.2
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, FATHER'S FARIN SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and of the second last worked).	Lyphaid Ferer Oct 15
9. Industry or business in which work was dona, as SILK MILL, FATHER'S FARINS SAW MILL, BANK, atc.	The Typhold A. 1934
10. Data deceased last worked at this occupation (month and of 1934) 11. Total time (years) spent in this occupation 4 i + E	
12. BIRTHPLACE (city or town) NIARY LIAND (State or country)	Other Contributory Causes of importanca:
I 13. NAME JOSEBHE VAN WERT	1934
13. NAME JOSE PHE VAY WERT 14. BIRTHPLACE (city or town) MARY LAND (State or country)	Name of operation
15. MAIDEN NAME LENA KURTZ	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LENA KURTZ 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT HENRY VAIN VYERT (Address) NIADBOX, IVID	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Jose por's EMETERY Date NOV. 17, 1934	Manner of injury
19. UNDERTAKER (Address) Chapetra a mil.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED W. 16 , 19. 3 4 0 13 SMMS WW. Registrar.	(Signed) Chaptico M.D. (Address) Chaptico M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11561

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Supering				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.	
ITH UNFADING INK-THIS	illy supplied. AGE should, be	plain terms, so that it may be	TION is very important. See instructions on back of certificate.	
B.—WRITE PLAINLY, WI	mation should be carefu	CAUSE OF DEATH in 1	TION is very important.	

1		MARYLAND-	CERTIFICATE OF DEATH	1562
	1. PLACE OF DEATH		(119)	
	County of Many		Registration Dist. No. 2	84
	Village or City Olovelle	and	NoSt.,	Ward
	Length of residence in city or town where death	occurredyrs.3//mo	r death occurred in a hospital or institution, give its NAME instead of street and r	
	2. FULL NAME Mark a	lapuis 1000	- L	/sus.
	0. 10	In &		
	(a) Residence: No. Werelle	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	Diate
3.	SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	193
5a	. If married, widowad, or divorced HUSBAND of		(Month) (Day)	(Year)
	(or) WIFE of		22. I HEREBY CERTIFY, That I attended	daceased from
	00		1934, to W/2	, 19.3
-	AGE Yaars Months	19-1937	liast saw h. alive on Nov - 1-193 1934	; deeth is said
	AGE Tables Months V	Deys if LESS than I day,hrs.	to have occurred on the data stated above, atm.	
-	l 9 Trade profession as a still to	/	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
NO	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Clarite entero Calitis	
OCCUPATION	9. Industry or business in which		Cutte mus coms	19/19/3
COP	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	nov		
00	10. Date decaased fast worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12	BIRTHPLACE (city or town) Man	Man 2	Othar Contributory Causes of Importance:	
	. (State or country)		mluen a -	
ER	13. NAME Deorse assurery	Dood		
FATHER	14. BIRTHPLACE (city w town) Mary	Cand	Neme of operation	
L	(State or country)		What test confirmed diagnosis?	······································
ER	15. MAIDEN NAME Thelma M	arie bus	23. If death was due to externel causes (VIOLENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or town) Man	, land	Accidant, suicide, or homicide? Date of injury	
Σ	(State or country)	X	Where did injury occur?	
17.	INFORMANT Olivery W (Address) Orandely	ma	(Specify city or town, county and Stale Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18.	BURIAL, CREMATION, OR REMOVAL		Mennar of injury	
	Place of Joseph. D	nta // / / 1934	Natura of Injury	
19.	UNDERTAKER Deiney W	ood	24. Was disease or injury in any way releted to occupation of deceesed?	
-	(Addrass) Otoville	ma)	If so, specify	
20.	FILED M. 103 - 1934 Leven	Jackson Registrar.	(Signed) Chapter M. C. (Address) Chapter M. C.	M. D.
	If more blank	are needed, address State Registrar.	2477 N. Charles Street Baltimara Passantin 71 S N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1934	July 5,1927	Peritonitis	3 days ago
i i	BUARALL V.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

for authorization	SPACE FOR FURTHER STATEMENT	rs by Physician